



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E468783**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-02497		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	03	OBJECT STRUCK	

DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N S E W	IN OF	CITY #
10	06	2015	1641	31		<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

20TH ST SE BLOCK NO. ☒ **9300**

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET)

☐ FEET ☐ S ☐ W

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253089122**

LAST NAME **HARVEY** FIRST NAME **AMBER** MIDDLE INITIAL **L**

STREET NEW ADDRESS **15519 FORTY FIVE RD**

CITY **ARLINGTON** ST **WA** ZIP **982238004**

CDL ☐ RESTRICTIONS **B, J** ENDORSEMENTS ☐

DRIVER'S LICENSE # **HARVEAL146PS** STATE **WA** SEX **F** D.O.B. **10** - **10** - **1986**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **AVR5728** STATE **WA** VIN# **4S4BSACC7F3324760**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2015** MAKE **SUBA** MODEL **OUTBA** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **AMBER HARVEY 15519 FORTY FIVE RD ARLINGTON WA 98223 D: 4253089122**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **NATIONWIDE INSURANCE COMPANY PPNM0021742568-3**

VEHICLE LEGALITY ☒ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 3607944025** **N: 2536914601**

LAST NAME **COPE** FIRST NAME **CAMILLE** MIDDLE INITIAL **D**

STREET NEW ADDRESS **10302 208TH AVE SE**

CITY **SNOHOMISH** ST **WA** ZIP **982907219**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **COPE*CD074RS** STATE **WA** SEX **F** D.O.B. **12** - **10** - **1993**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **SORE NECK**

LICENSE PLATE # **145VKO** STATE **WA** VIN# **KNAFE121365306125**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2006** MAKE **KIA** MODEL **SPECHB** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **TODD COPE 10302 208TH AVE SE SNOHOMISH WA 98290**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **ALLSTATE 907 619 037**

VEHICLE LEGALITY ☒ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **DENNIS IRWIN** BADGE OR ID # **105** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E468783**

CASE # **15-02497**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HARVEY JAYDEN L																	
ADDRESS & PHONE #		15519 FORTY FIVE RD ARLINGTON WA 98223										SEX	M	D.O.B. MMDDYYYY	08	-	13	-	2015
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	5	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		ANDREWS MARCUS D																	
ADDRESS & PHONE #		18915 71ST AVE SE SNOHOMISH WA 982968327										SEX	M	D.O.B. MMDDYYYY	10	-	12	-	1992
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	SORE NECK
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

UNIT #3 was stopped eastbound in traffic at about the 9300 block of 20th th SE, directly ahead of UNIT #2 who was also stopped eastbound on 20th St SE.

UNIT #1 was eastbound on 9300 block of 20th ST SE approaching UNIT #2. UNIT #1 stated she looked away from the roadway for a moment to check her infant child in the backseat, and in that moment did notice that UNIT #2 had stopped for traffic.

UNIT #1 was unable to stop in time and struck UNIT #2 from behind, which forced UNIT #2 forward, causing UNIT #2 to strike UNIT #3 from behind..

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

10-07-15 03:37 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 0071

10/7/2015 3:53:51 PM

BADGE OR ID # **105**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:43 PM**

TIME POLICE ARRIVED **4:47 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E468783**

CASE # **15-02497**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET ☒

PHONE

LAST NAME

GEIGER

FIRST NAME

DOMINIC

MIDDLE INITIAL

I

STREET NEW ADDRESS

3703 156TH ST SW APT D

CITY

LYNNWOOD

ST

WA

ZIP

980872346

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

GEIGEDI142PK

STATE

WA

SEX

M

D.O.B. MMDDYYYY

10

12

1986

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

7

INJURY CLASS

7

NATURE OF INJURIES
SORE NECK AND BACK

LICENSE PLATE #

AQE9705

STATE

WA

VIN#

KNDJP3A57E7086619

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2014

MAKE

KIA

MODEL

SOUL

STYLE

UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **DOMINIC GEIGER 3703 156TH ST SW LYNNWOOD WA 98087 D: 2537786373 N: 4257702362**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **UNIGARD INSURANCE COMPANY PAU3694420**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

10-07-15 03:37 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **105**

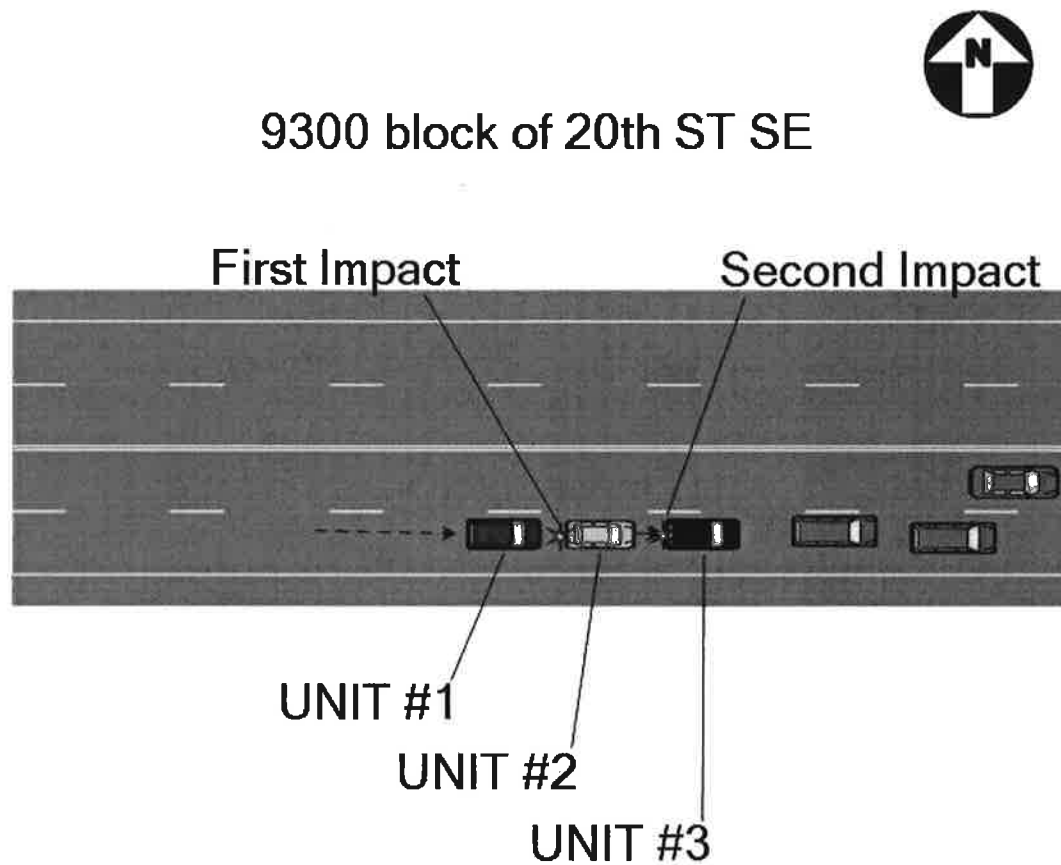
ORI # **WA0311900**

APPROVED BY **VALVICK**

DATE **10/7/2015**

PAGE **3**

OF **4**



35MPH

** not to scale **

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

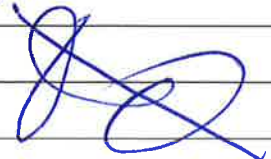
15-02497

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Harvey Amber L	RACE C	ETH	SEX F	DOB 10-10-86	AGE 28	HGT 5'3"	WGT 200	HAIR B	EYES B
STREET ADDRESS 15514 Forty Five Rd		CITY Arlington			STATE WA	ZIP 98223	RES. STATUS Rent			
HOME PHONE #		CELL PHONE 425-308-9122			PLACE OF EMPLOYMENT Safeway					
WORK PHONE 653 425-654-4144		EMAIL ADDRESS								


I, Amber L Harvey DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I looked to check on my baby for one second and I looked back up with not enough time to stop and hit the car in front of me.



LSPD
ORIGINAL

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10-10-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: D. M. W. #105	DATE SIGNED 10/06/15	LOCATION SIGNED LAKE STEVENS WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02497

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) GEIGER DOMINIC I	RACE W	ETH W	SEX M	DOB 10 12 86	AGE 28	HGT 5' 10"	WGT 205	HAIR BRN	EYES BLU
STREET ADDRESS 9710 11th Pl SE		CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE 253 718 6373		CELL PHONE 425 770 2362			PLACE OF EMPLOYMENT GOOGLE BOTHELL					
WORK PHONE		EMAIL ADDRESS MODERN DARWINIST @ GMAIL.COM								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was rear ended from a dead stop. I heard a car horn go off and a fraction of a second later was hit.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10 6 15	LOCATION SIGNED lake stevens
OFFICER/NUMBER: #105	DATE SIGNED 10/06/15	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02497

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cope Camille Dianne	RACE	ETH	SEX F	DOB 12/10/93	AGE 21	HGT	WGT	HAIR	EYES
STREET ADDRESS 10302 208th ave se		CITY Chohomish			STATE WA	ZIP 98029	RES. STATUS			
HOME PHONE 360 794 4025		CELL PHONE 253 691 4601			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS Copec@vw.edu								

I, Camille Cope, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped at the light. heard honking from behind, looked up to see red subaru coming from behind not stopping. I hit my brakes to stop my car as best I could. Got slammed from behind into the car in front of me, Black Kia.

I drive the silver Kia Spectra. 145-VKU

Immediately pulled over to side to assess damage. Head hurts, slammed it forward and then back upon impact. upper back and head and chin sore/tight. Whipped forward then back on impact.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Camille Cope</u>	DATE SIGNED 10/16/15	LOCATION SIGNED Lake Stevens WA
OFFICER/NUMBER: <u>#105 D. J. WILSON</u>	DATE SIGNED 10/06/15	LOCATION SIGNED LAKE STEVENS WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15020133

Case Numbers: \$SS15002497

Received 10/06/15 16:42:06 BY SPCT08 SP0285
Entered 10/06/15 16:43:04 BY SPCT08 SP0285
Dispatched 10/06/15 16:43:29 BY SPDP17 SP0390
Enroute 10/06/15 16:43:29
Closed 10/06/15 17:18:06

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1318 Map Page: 397E-4 Group: SS1 Beat: SOUT

Src: 9

Loc: 9300 20 ST SE , LKS btwn 92 DR SE & 93 DR SE (V)

Latitude: (+) 47.977992 Longitude: (-) 122.104905

Loc Info:

Name: ANDREWS, MARCUS

Addr:

Phone: 4254181932

/1643 (SP0285) ENTRY , CC, NON INJ , NON BLKING, BLK KIA SOL VS SIL KI
A SPEC VS RED SUBRA
/1643 (SP0390) AGCADV , BCST
/1643 DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)
/1654 ASNCAS 19D1 \$SS15002497
/1718 (SP0333) CLEAR 19D1 D/H
/1718 CLOSE 19D1

LSPD
ORIGINAL